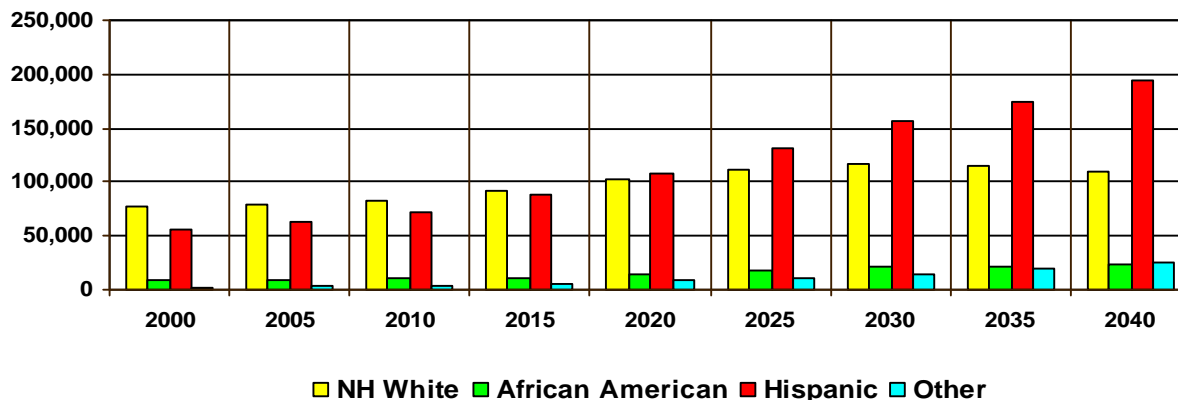


Projected Bexar County Population Age 65+ by Race and Ethnicity 2000 to 2040



year	2000	2010	2020	2030	2040
Age 65+	144,398	168,047	233,699	309,924	350,780
% increase	16%	39%	33%	13%	

The Texas State Data Center projects that the population Age 65 and older for Bexar County will increase by 16% from 2000 to 2010 and by 39% from 2010 to 2020, resulting in a 65+ population of almost 234,000 by 2020. The oldest members of the 'baby boom' generation start turning 65 in 2011.

Preventing risk factors in younger adults presents a potential money-saving investment for the Medicare program. One study found that Medicare spent an average \$18,604 to treat cardiovascular disease in men over age 65 who had none of the six major controllable risk factors of cardiovascular disease when screened at middle age. Medicare costs for those men with three or more risk factors at middle age were more than twice as high at \$38,044. Similarly, women without any risk factors earlier in life cost Medicare an average \$11,711 to treat cardiovascular disease from age 65 until death while those with three or more cost \$38,059, the researchers reported. "Medicare costs strongly relate to middle-age risk factors. People need to pay attention to health when they are middle-aged or younger – by the time they are older it could be too late. And if the government and the medical field want to reduce expenses, they should pay attention to prevention," Kiang Liu, Ph.D., professor of preventive medicine at the Feinberg School of Medicine at Northwestern University in Chicago
<http://www.americanheart.org/presenter.jhtml?identifier=3016868>

Most people age 65+ with chronic conditions have more than one treatable disease. For example, 68% of Medicare costs relate to 23% of Medicare beneficiaries that have 5 or more chronic conditions. Medicare and Chronic Conditions, Gerard F. Anderson, Ph.D. New England Journal of Medicine July 21, page 305

The rate of uninsurance is minimal for those age 65 or older due to the almost universal coverage available to this age group under the Medicare program. Oregon has enacted major changes to its Medicaid program in a bid to save money. In 2003, the state raised premiums, required copays for the first time, and imposed a six-month lockout for individuals missing premium payments, then rolled back some of these changes the following year. But Oregon's changes came at a steep price to many low-income residents. A Commonwealth Fund-supported study finds nearly two-thirds of surveyed individuals lost their coverage after the initial premium and cost-sharing increases, many directly resulting from increased costs. Those who left because of higher premiums and cost-sharing reported worse access to care, reduced primary care utilization, and greater financial hardships as compared to those who remained enrolled or left the Oregon Health Plan for other reasons. The negative effects of the changes were most serious for those remaining uninsured six months or longer, according to the report.

The impact on Bexar County would be significant, with a massive migration of patients to the University Health System, should similar changes be enacted in the Medicare or Medicaid programs.